

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> <i>(Fees pursuant to the Consolidated Appropriations act, 2005 (H.R. 4818).)</i>		Docket No. <b>60707-1180</b>	
Application Number: 10/757,587		Filed: January 15, 2004	
For: Minimum Processor Instruction for Implementing Weighted Fair Queuing And Other Priority Queuing			
Art Unit: <b>2193</b>		Examiner: Do, Chat C.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fees</u>	<u>Small Entity</u>
			<u>Fees</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60      \$
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225      \$450.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in fees which may be required, or credit any overpayment to Deposit Account No. 50-0835.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the			
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number: <b>38,962</b>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34:			
<div style="text-align: center;"> _____  /Daniel R. McClure/ </div> <div style="text-align: center; margin-top: 10px;"> <b>Daniel R. McClure, Reg. No. 38,962</b> </div>		<div style="text-align: center;"> _____  <b>April 3, 2007</b>  Date </div> <div style="text-align: center; margin-top: 10px;"> _____  <b>770-933-9500</b>  Telephone Number </div>	